



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
CLASS ROSTER FORM

Check the appropriate course:

☐ 90-Hr Nurse Aide ☐ Bridge Course for Nurse Aide ☐ 20-HomeHealth Aide

Instructor Name: _____
Last First MI

Facility: _____
Name Address State Zip

Instructor Number: _____ Course Number: _____ Course Begins: ____/____/____ Ends: ____/____/____

Should a candidate not pass the course after this form is submitted to the department, you must contact this office in writing to have candidate's name removed from the roster.

Your class will be scheduled at the earliest possible date, subject to availability. Test Date: _____

Test site preference (please check the appropriate site):

<input type="checkbox"/> Atchison	<input type="checkbox"/> El Dorado	<input type="checkbox"/> Iola	<input type="checkbox"/> Parsons
<input type="checkbox"/> Beloit	<input type="checkbox"/> Emporia	<input type="checkbox"/> Kansas City ATS	<input type="checkbox"/> Pratt
<input type="checkbox"/> Burlingame	<input type="checkbox"/> Fort Scott	<input type="checkbox"/> Kansas City CC	<input type="checkbox"/> Pittsburg
<input type="checkbox"/> Chanute	<input type="checkbox"/> Garden City	<input type="checkbox"/> Kansas City, Donnelly	<input type="checkbox"/> Salina
<input type="checkbox"/> Coffeyville	<input type="checkbox"/> Great Bend	<input type="checkbox"/> Liberal	<input type="checkbox"/> Topeka
<input type="checkbox"/> Colby	<input type="checkbox"/> Hays	<input type="checkbox"/> Manhattan	<input type="checkbox"/> Wichita
<input type="checkbox"/> Concordia	<input type="checkbox"/> Hutchinson	<input type="checkbox"/> Merriam	<input type="checkbox"/> Winfield
<input type="checkbox"/> Dodge City	<input type="checkbox"/> Independence	<input type="checkbox"/> New Strawn	

The instructor should complete a separate roster for each course and test site.

INSTRUCTOR USE ONLY		PROCTOR USE ONLY	
NAME Last, First, MI	Social Security Number	Test Booklet #	Test Booklet Returned

Instructor Signature _____ Date _____

Proctor Signature _____ Date _____